

ACE AMERICAN INSURANCE COMPANY
Philadelphia, PA. 19103

ENROLLMENT / WAIVER FORM
THOMAS JEFFERSON NATIONAL ACCELERATOR FACILITY
ACCIDENT & SICKNESS INSURANCE PLAN
2005-2006
Policy GLM N0117308A

YOUR NAME

(Please Print)

(Last)

(First)

(MI)

Address

(Street)

(City)

(State)

(Zip)

ENROLLMENT ☐ Please **enroll** me and my dependents, if any, in the Accident and Sickness Insurance Plan. I understand coverage will become effective on the later of October 1, 2005, or the date the Enrollment Form and full premium are received by the ACE American Insurance Company or Program Administrator. The coverage dates for my Dependents' and me will be the same, provided the required premium is paid.

Effective Date: _____ Expiration Date: _____

Participant:	\$ 84.00	Total Monthly Premium	_____
Spouse:	\$164.00	Number of Months X	_____
Child(ren)	\$116.00	Total Premium Due =	_____

DEPENDENT INFORMATION (IF ANY ENROLLED)

Name _____ Relationship _____ Date of Birth _____

Name _____ Relationship _____ Date of Birth _____

WAIVER ☐ I wish to **waive** enrollment in the Accident & Sickness Insurance Plan due to the fact that I am covered by:

Name of Insurance Company _____ Policy # _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

My signature below certifies that I have read and understand the brochure and agree to accept the terms and conditions stated therein.

Signature _____ Date: _____

DELIVER TO:

Jefferson Lab, User Liaison Office
12000 Jefferson Ave., Newport News, VA 23606

Make all checks payable to: ACE American Insurance Company

ENR-117308A

Jefferson Lab 2005-2006